Recipient Committee Campaign Statement Cover Page

FORM JAN **3 1** 2018 Page___1 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 7/1/2017 from. 12/31/2017 SEE INSTRUCTIONS ON REVERSE November 8, 2016 through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report ○ Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Pari 6) General Purpose Committee Amendment (Explain below) O Sponsored Primarily Formed Candidate/ O Small Contributor Committee Officeholder Committee (Alsc Complete Part 7) O Political Party/Central Committee ID NUMBER 3. Committee Information Treasurer(s) 1389463 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Holly Woods Andreatta Holly Andreatta MAILING ADDRESS STREET ADDRESS (NO PO BOX) ZIP CODE AREA CODE/PHONE Lincoln CA 95648 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Lincoln CA 95648 Mark Andreatta MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Lincoln CA 95648 OPTIONAL FAX / E-MAIL ADDRESS OPTIONAL FAX / E-MAIL ADDRESS hwandreatta@gmail.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 1/30/2018 Executed on 1/30/2018 Executed on Date Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on, Signature of Controlling Officeholder, Candidate, State Measure Proponent

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COVER PAGE

CALIFORNIA

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page 2 of 17

	6. Primarily Forme	d Ballot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEA	SURE		
Holly Woods Andreatta					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	ON AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO OR LETTE	R JURISDICT	ION	" SUPPORT
Lincoln City Council					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP				
	Lincoln CA 95648	Identify the controlli	ng officeholder, can	didate, or state measure pro	ponent, if any.
		NAME OF OFFICEHOLD	DER, CANDIDATE, OR P	ROPONENT	
Related Committees Not Include	d in this Statement: List any committees				
	rolled by you or are primarily formed to receive	OFFICE SOUGHT OR H	ELD	DISTRICT NO	IF ANY
	I.D. NUMBER	<u>e</u>			
COMMITTEE NAME					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Forme	d Candidate/Offi	ceholder Committee L	ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	officeholder(s) or can	didate(s) for which th	is committee is primarily form	ed.
		7. Primarily Forme officeholder(s) or can	didate(s) for which th	ceholder Committee Lis committee is primarily form	ned.
	TYES NO	officeholder(s) or can	didate(s) for which th	is committee is primarily form	ed.
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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		through.	Page of 17
NAME OF FILER Holly Woods Andreatta			10 NUMBER 1389463
Contributions Received	Column A COLUMN	Column B GALENDAR YEAR TOTAL FO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 0 0	\$ 2,957.16 1,180.00 \$ 4,137.16 945.00 \$ 5,082.16	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 5,082.10 21 Expenditures Made \$ 4,287.50
Expenditures Made 6. Payments Made	\$ 0 0 0	\$ 3,342.54 0 \$ 3,342.54 0 945.00 \$ 4,287.54	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Fotal to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.		To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any)	
	4		FPPC Form 460 (Jan/20

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Schedule A Monetary Contributions Received			s may be rounded whole dollars.	Statement cov	vers period /2017		SCHEDULE A FORNIA 460 DRM
EE INSTRUCTIO	INS ON REVERSE			through12/	31/2017	Page	4 of 17
IAME OF FILER Holly Wood	ds Andreatta					13894	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF EMPLOYED, ENTERNAME OF DUSAFESS	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN: 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
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		LIND LOM LOTH LPTY SCC					
		LIND LICOM LIOTH LIPTY LISCC					
		COM COTH PTY SCC					
		COM COTH OTH PTY SCC					
Surviva and the surviva surviv			SUBTOTAL	\$			
. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)	· · · · · · · · · · · · · · · · · · ·	\$	0	INC		al ent Committee
	ceived this period – unitemized monetary contribution			0			than PTY or SCC) e.g., business entity)
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1.)TOTAL \$	0			Contributor Committee

Schedule A (Continuation Sheet) Amounts may be rounded SCHEDULE A (CONT.) Monetary Contributions Received to whole dollars. Statement covers period CALIFORNIA 7/1/2017 FORM from_ 12/31/2017 through NAME OF FILER ID NUMBER Holly Woods Andreatta 1389463 IF AN INDIVIDUAL, ENTER DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D NUMBER) CONTRIBUTOR AMOUNT **GUMULATIVE TO DATE** PER ELECTION OCCUPATION AND EMPLOYER RECEIVED RECEIVED THIS CALENDAR YEAR TO DATE CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) PERIOD (JAN 1 - DEC 31) (IF REQUIRED) IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC IND COM OTH PTY SCC

SUBTOTAL \$

0

OTH

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Pohadula D. David	Am	nounts may be rou	ınded				SCHE	DULE B - PART 1
Schedule B – Part 1		to whole dollars			Statement cov	ers period	CALIFORN	IA 460
Loans Received					from7/1	/2017	FORM	~ 40U
SEE INSTRUCTIONS ON REVERSE					through12/	31/2017	Page 6	of 17
NAME OF FILER	operatory 4						LD NUMBER	
Holly Woods Andreatta							1389463	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I D NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, FNTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIC OR FORGIVE THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
				[] PAID				CALENDAR YEAR
				\$	\$	RATE	\$	\$ 6,262.16 PERFLECTION**
ND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				EJ PAID				CALENDAR YEAR
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IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				[] ≌AID				CALENDAR YEAR
				\$	\$	RATE:	\$	PER FLI CTION**
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	9	6	\$	\$		
Schedule B Summary			0.00			(Finter (e) on Schedule E, June 3)	Service name of the name of th	
Loans received this period (Total Column (b) plus unitemized loan	s of less than \$100.)		***************************************	\$	0			
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	00 paid or forgiven.)		24.1.52.23.5.00.0000000000000000000000000000	\$	0	C	TH - Other (e.g.,	ommittee PTY or SCC) business entity)
Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)		9991		May be a negative number)		TY – Political Part CC – Small Contri	

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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			from	7/1/2017	CALIFOR	NIA 460
			through	12/31/2017	Page 7	of 17
					I.D NUMBER	
*======================================			200274770000000000000000000000000000000		1389463	
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SUBTOTAL \$

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□ PTY □ SCC PER ELECTION (IF REQUIRED)

Enter on Summary Fage, Line 17 only

Schedule Nonmone	e C etary Contributions Received		Amounts may be rounded to whole dollars.		froi		7	CALIF(
SEE INSTRUCTION	ONS ON REVERSE				thre	ough12/31/20	J17		8 of 17
Holly Wood	ds Andreatta		- Chr.					138946	
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CONTRIBUTOR CODE: *	IF AN INDIVIOUAL, ENTER OCCUPATION AND EMPLOYER (IF SOCIEMPLOYED ENTER MANE OF BUSINESS)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CUMULA DA GALENDA (JAN 1 -	TE IR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
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		□IND □COM □OTH □PTY □SCC							
Attach addit	tional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$		man' — sagrand	1

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	0
Amount received this period – unitemized nonmonetary contributions of less than \$100	0
 Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Lines 4 and 10.) TOTAL \$	0

*Contributor Codes

IND – Individual

COM – Recipient Committee
(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be rou to whole dollars		Statement cover	1. C	california 460		
	NS ON REVERSE			through 12/31	/2017 Page	9 of 17		
ME OF FILER Iolly Woods	s Andreatta					iumber 9463		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALENDAR YEAR DAN 1 DEC 34)			
		Monetary Contribution	2000					
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-	☐ Support ☐ Oppose	Independent Expenditure		is and control of the				
		Monetary Contribution	and and any					
		Nonmonetary Contribution						
- 1100 cm	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		The same of the sa	SUBTOTA	L \$				

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be r to whole dolla			ers period 2017 11/2017	SCHEDULE D (CON CALIFORNIA 460 FORM Page 10 of 17	
Holly Wood	ds Andreatta					138946	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD		1	PER ELECTION TO DATE (II REQUIRED)
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	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
4	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
173 - 77 - 40 (1944)	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	A		SUBTOTA	L \$	0		7

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be rounded to whole dollars.			to whole dollars. from7/1/2017			7/1/2017	2/31/2017 FORM Page 11		
Holly Woods Andreatta					1389463	.R				
CODES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone bank: POL polling and s POS postage, del	nmunications id appearances ises ulating s	RAD radi RFD retu SAL can TEL t.v. TRC can TRS staf ices TSF trar g) VOT vote	cribe the payment. io airtime and production of airtime and productions of an airtime and production of airtime and production of airtime and production airtime and production are airtime and production airtime air	action costs I meals and meals of the same o					
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)		CODE OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID				
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e summarized on Sch	edule D.	19.90	SUE	BTOTAL \$	0				
Schedule E Summary						0				
 Itemized payments made this period. (Include all Schedule Uniternized payments made this period of under \$100 					\$	0				
Total interest paid this period on loans. (Enter amount from			(A-A)-1		5 	0				

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

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Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Holly Woods Andreatta	Amounts may b to whole do		State	ment covers period 7/1/2017 12/31/2017	SCHEDULE E (CONT.) CALIFORNIA 460 FORM 17 LD NUMBER 1389463	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearances ses lating	RAD rad RFD ret SAL ca TEL t.v. TRC ca TRS sta TSF tra VOT vo	dio airtime and production urned contributions mpaign workers' salaries or cable airtime and produdidate travel, lodging, ar aff/spouse travel, lodging,	duction costs nd meals and meals es of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)		CODE OR	DESCRIPTION OF	F PAYMENT	AMOUNT PAID	

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Cabadula F	Amazonta maso ba associ				SCHEDULE F	
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.			ers period CA	california 460 form	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through 12/3		age 13 of 17	
Holly Woods Andreatta					89463	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nce s earch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production costs putions ters' salaries time and production cell, lodging, and measurel, lodging, and measurel, committees of the son	: als same candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE REGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON 1)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	5	\$ \$		\$	
Schedule F Summary						
 Total accrued expenses incurred this period. (Include all saccrued expenses of \$100 or more, plus total unitemized 	Schedule F, Column (b) sul accrued expenses under S	btotals for \$100.)	INCL	JRRED TOTALS	s 0	
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subtot	als for payments on				
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	iter the difference here and	I				

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led	Statement covers period 7/1/2017 through 12/31/2017		SCHEDULE F (CONT.) CALIFORNIA 460 FORM Page 14 of 17	
Holly Woods Andreatta					NUMBER 9463	
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and reprofessional services (PRT print ads	earch nessenger services legal, accounting)	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production costs putions ers' salaries ime and production coll, lodging, and meals er committees of the son	ls same candidate/sponsor	
NAME AND ADDRESS OF CREDITOR OF COMMITTEE ALSO ENTER D. NUMBER	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMQUNT INCURPED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ONL)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	

SUBTOTALS \$

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0 \$

0 \$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period 7/1/2017	CALIFOR
SEE INSTRUCTIONS ON REVERSE		through12/31/2017	Page 15
Holly Woods Andreatta			1.D. NUMBER

CODE	S: If one of the following codes accurately describes	the payment, you may enter the code.	Otherwise	describe the payment.
CMP ca CNS ca CTB cc CVC ci FIL ca FND fu IND in	ampaign paraphernalia/misc. ampaign consultants ontribution (explain nonmonetary)* vic donations andidate filing/ballof fees indraising events	MRR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)	RAD RFD SAL TEL TRC TRS TSF	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration
	ampaign literature and mailings	PRT print ads		information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	read and and		
		-	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0

SCHEDULE G

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

				SCHEDULEN				
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement covers period 7/1/2017		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through12/	31/2017	Page 16	of17
NAME OF FILER	The state of the s						ID NUMBER	
Holly Woods Andreatta							1389463	,
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I D NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENESS THIS PERIOD	BALANCE AT	(e) INTEREST RECEIVED	(F) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
				[] PAID				CALENDAR YEAR
				\$	\$	RAIE		FF H LLEGIONER
		\$	\$	\$	DATE DUF	\$	DATE INCURRED	\$
				CT PAID				SAFE NUMBERS AR
				\$	\$	RAIL	\$	1 PERCYNCHON**
		\$	\$	\$	DATE DUE	3	DATE INCURRED	1
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive	or committee must	The second secon						
reported on Schedule E.	ar must also be	SUBTOTALS	\$	\$	\$	\$		You
			The second secon	The special section is a section of the section of		(Enter (a) on Schedule I, Line 3)	Astronomica na	
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loan	s of less than \$100.)		144-1-146		\$	0		**If Required
Payments received on loans (Total Column (c) plus unitemized payr	ments of less than \$100.)		evanaulalissel		\$		- fa	
3. Net change this period. (Subtract Line (Enter the net here and on the Summa	2 from Line 1.)ry Page, Column A, Line 7.)	1 - 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =			y be a negative number)	

Schedule I Miscellaneous Ind	creases to Cash	Amounts may be rounded to whole dollars.	Statement covers p	CATHERINA
SEE INSTRUCTIONS ON REVER	RSE		through12/31/20	17 Page 17 of 17
NAME OF FILER				ID NUMBER
Holly Woods Andreatta	The state of the s			1389463
DATE. RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMER R)		DESCRIPTION OF RECEIPT	AMOUNT OF INGREASE TO CASH
				-
			NAME OF THE PARTY	
Attach additional inforr	nation on appropriately labeled continuation shee	ets.	S	UBTOTAL \$
Schedule I Summa	ary			
1. Itemized increases to	cash this period.		\$	O
	s to cash of under \$100 this period			0
	ceived this period on loans made to others.			0
4. Total miscellaneous i	ncreases to cash this period. (Add Lines 1, 2 2 14.)	2, and 3. Enter here and on the		0

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